

ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.

MOD000805499

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G

ASHLEY PLANT  
ATTN: SMITH JERREL MGR ENV SERV  
PO BOX 149  
ST LOUIS

MO 63166

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3002 of the Resource Conservation Recovery Act).

Please print/type with elite type (12 characters per inch)

## I. GENERATOR'S EPA I.D. NUMBER

TIA C

1 2 13 14 15

## II. NAME OF INSTALLATION

30 69

## III. INSTALLATION MAILING ADDRESS

15 16 45

Street or P.O. Box

15 16 41 42 47 51

City or Town

State Zip Code

## IV. LOCATION OF INSTALLATION (if different than section III above)

15 16 45

Street or Route number

15 16 41 42 47 51

City or Town

State Zip Code

## V. INSTALLATION CONTACT

15 16 45

Name (last and first)

46 55

Phone No. (area code &amp; no.)

RCRA RECORDS CENTER  
R00136582

## VI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

JERREL D. SMITH MGR ENV SERV

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Jerrel Smith 1/7/83

ENVIRONMENTAL PROTECTION AGENCY

# Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## VII. GENERATOR'S EPA I.D. NO.

T/A C

G M O D I O I O I 8 I O I 5 I 4 I 9 I 9 I 1 I 1  
1 2 13 14 15

## VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

WASTEX RESEARCH INC.

## IX. FACILITY'S EPA I.D. NO.

F I L T 1 8 I O I O I 3 I 8 I 7 I 2 I  
16 28

## X. FACILITY ADDRESS

2000 BROADWAY  
E. ST. LOUIS, ILLINOIS

## XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

WASTEX RESEARCH INC.  
I.D. NO. ILT180013872

## XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
1	1	Caustic equipment cleaning solution	012	D10102 D10108	6160	P
2	2					
3	3					
4	4					
5	5					
6	6					
7	7					
8	8					
9	9					
10	10					
11	11					
12	12					

## XIII. COMMENTS (enter information by section number—see instructions)



# 1981 STATUS SHEET FOR NON-REGULATED FACILITIES

INSTRUCTIONS: THIS SHEET MUST BE COMPLETED ONLY BY FACILITIES THAT DID NOT TREAT, STORE, OR DISPOSE OF HAZARDOUS WASTE IN 1981 AND ARE NOT REQUIRED TO COMPLETE THE 1981 FACILITY ANNUAL REPORT. If you received a preprinted label attached to the envelope in which this form was enclosed, affix it in the space provided, complete section S-IV, sign the certification at the bottom of this page and return it to your EPA Regional Office by January 10, 1983 in the return envelope provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If you did not receive a preprinted label, complete all sections.

AFFIX LABEL HERE

## S-I. FACILITY EPA I.D. NUMBER

T/A C  
F M O D I 0 1 0 1 0 1 8 1 0 1 5 1 4 9 1 9 1 1  
1 2 13 14 15

## S-II. NAME OF FACILITY

A S H L E Y P L A N T  
30 69

## S-III. FACILITY MAILING ADDRESS

3 P O B O X 1 4 9  
15 16 45  
Street or P.O. Box

4 S T L O U I S M O 6 3 1 6 6  
15 16 41 42 47 51  
City or Town State Zip Code

## S-IV. 1981 STATUS (please explain your 1981 non-regulated status here)

The facility is non-regulated because no hazardous wastes are treated, stored, or disposed of, as defined in the regulations, at this facility.

## S-V. CERTIFICATION

I certify under penalty of law that the installation identified above did not treat, store, or dispose of hazardous waste during 1981 and that to the best of my knowledge this facility is not subject to the RCRA Annual Reporting requirement.

JERREL D. SMITH

MGR ENV SERV

*Jerrel Smith* 1/7/83

Print/Type Name

Title

Signature of Authorized Representative

Date Signed